District of Columbia Real Estate Board Continuing Education

PROVIDER INFORMATION FORM*



* NOTE: This form should be submitted with the initial Course Approval Application.

SECTION 1 – PROVIDER DEMOGRAPHIC IN	FORMATION	
Provider Name		
Main Address		
Street		
City		State Zip Code
Mailing Address (If different from above)		
Street		
City		State Zip Code
SECTION 2 – CONTACT INFORMATION		
Provider's Director or Coordinator		
First Name	MI Last Name	Suffix
Title		
	-	
Phone Number	Fax Number	E-Mail Address
Alternative or Administrative Contact		
First Name	MI	Suffix
rist Name	Last Name	Julia
Phone Number	Fax Number	E-Mail Address
SECTION 3 – PROVIDER INFORMATION		2
SECTION 3 - PROVIDER INFORMATION		
Provider FEIN or Social Security Number		
·	Federal Employer Identification Number	Social Security Number
Indicate the type of education provider (<i>check one</i>)		
Professional/Proprietary School	College/University/	Community/Junior College
		Community/Junior Conege
☐ Realtor® Association	Other (<i>specify</i>)	

District of Columbia Real Estate Board Continuing Education Provider

PROVIDER APPROVAL APPLICATION

SECTION 4 – PROVIDER CERTIFICATIONS

I certify that this provider is in compliance with all Federal and District laws, including laws regarding discrimination based on sex, race, religion, age, physical disability, sexual orientation, or national origin. I further certify that the information contained in this application is true and complete, and that our school/organization will employ an instructor approved by the Board.			
Director/Executive Signature (name must be same as provided on side on	e) 1	Date (Required)	
INTERNAL U	JSE ONLY		
Provider ID Number	DC Action Log Action Date		
ASI ROUTING INFORMATION Date Received by DC	APPROVED	DENIED	
Initial Screening Check: (Circle Answer) Provider Signature YES NO	Approver Signature Entered into CE System Provider Notification Date		

Forward this form, along with at least one Course Approval Application to:

Schanolia Barnes, Education Specialist DC Real Estate Board/OPLA

Standard Mail: P.O. Box 37200

Washington, DC 20013-7200

Overnight Mail: 941 Capitol St., N.E. 7th Floor, Suite 7200 Washington, DC 20022